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on Current Literature

The monthly bibliography for
workers with the handicapped

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THE NATIONAL SOCIETY
for
CRIPPLED CHILDREN and Adults, Inc.
11 SO. LA SALLE ST. CHICAGO 2, ILL.

THE EASTER SEAL AGENCY

HELP CRIPPLED CHILDREN



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

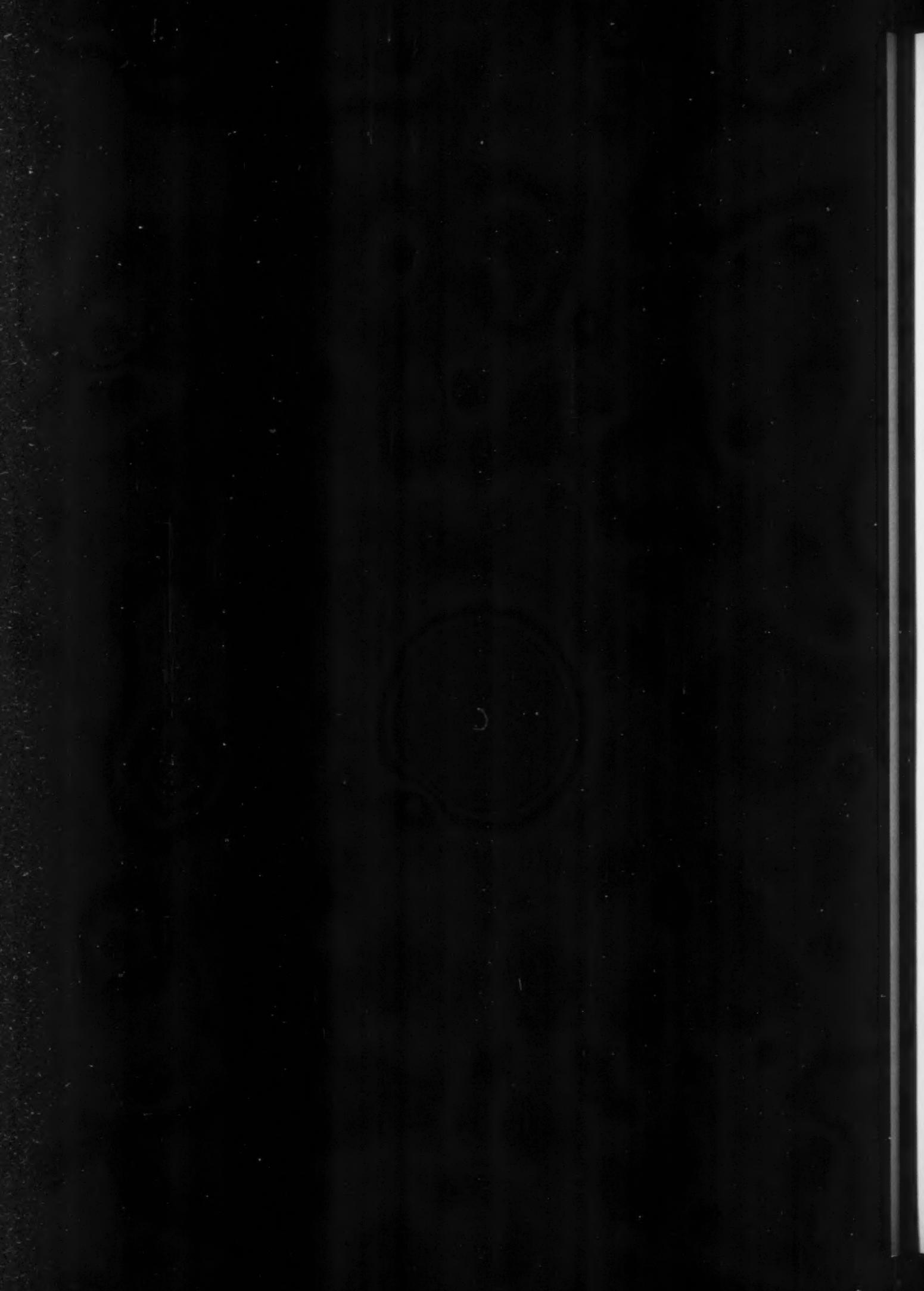
EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

1952





ACCIDENTS—PREVENTION

715. Dietrich, Harry F.

Clinical application of the theory of accident prevention in childhood.
Amer. J. Public Health. July, 1952. 42:7:849-855.

Accident prevention in childhood is not an insoluble problem if attempts at prevention of accidents are related to the child's age, sex, and interests, and are considered from year to year. "...A theory of accident prevention that embraces a reciprocal relation between protection and education related to age is clinically applicable. The application of such a theory may logically be looked upon as an immunization. Protective devices are then analogous to passive immunization. They represent expedients against serious temporary, or unusually subtle, hazards. The educational efforts, in contrast, must be likened to active immunization...."

AMPUTATION

716. Fleer, Paul F.

A guide for the corrective therapist in the treatment of patients with lower extremity amputations. J. Assn. Physical and Mental Rehabilitation. July-Aug., 1952. 5:6:12-22.

"...This Guide will indicate those movements most essential in meeting the objectives of the program, will show several of the more basic postures and exercises, and will suggest some helpful pieces of therapeutic apparatus. The ingenuity of the therapist and the patient will help to develop useful variations in the form of exercise and apparatus to be used...." Suggestions are made for preoperative orientation, instruction in postoperative bed posture and bed exercises, pre-prosthetic active and resistive exercise and ambulation, and, finally, prosthetic training in balance and walking. Illustrated.

717. Thomas, Atha

New developments in amputee rehabilitation. Archives Physical Medicine. June, 1952. 33:6:357-362.

"...The four phases (of amputee rehabilitation) are: 1) surgical consideration, including immediate post operative care, 2) selection and fitting of the prosthesis, 3) training in the use of the prosthesis, 4) emotional and social adjustment...." Research and development of improved prosthetic devices are discussed and new devices are briefly described. Teamwork among the members of the rehabilitation workers—the physician, therapists, and artificial limb industry—has resulted in improved service to the amputee. There is a deficiency on the part of the medical profession, manifested in the lack of concern by the physician for the importance of proper care and supervision following amputation; medical schools need to accept the responsibility for improving teaching methods and organizing courses in the study of rehabilitation methods, the writer feels.

AMPUTATION—EQUIPMENT

718. Von Werssowetz, Odon F.

Above-the-knee suction-socket prosthesis. J. Bone and Joint Surgery. July, 1952. 34-A:3:731-739.

Beginning with a description of the suction-socket prosthesis, the writer then discusses indications and contra-indications for its prescription, problems in the alignment and fitting of the appliance, preprosthetic and postprosthetic training and rehabilitation.

APHASIA

719. Baker, Elmer E.

Teaching aphasic patients to talk again, by Elmer E. Baker and Martin Sokoloff. Am. J. Nursing. July, 1952. 52:7:831-832.

The authors briefly review the problems of aphasia and the degrees of cerebral involvement which give rise to a variety of difficulties. The nurse in the hospital and the public health nurse, in her relationship with the aphasic patient and his family, are advised on procedures which will build confidence in the patient and aid in his recovery.

APHASIA--MEDICAL TREATMENT

720. Bergman, Philip S.

Aphasia: effect of intravenous sodium amytal, by Philip S. Bergman and Martin Green. Neurology. Nov.-Dec., 1951. 1:6:471-475. Reprint.

"Twenty-seven unselected patients with aphasia were studied in an attempt to determine the effect of intravenously administered sodium amytal upon the language defect. There was no real improvement in any patient during or after the administration of sodium amytal. In some cases there was an apparent increase in the patient's ability to speak or understand, but this increase was within the limit of the fluctuations which occurred spontaneously before the drug was administered. Up to the point at which nystagmus appeared, small amounts of sodium amytal had no effect on aphasia in these patients. Larger amounts...sometimes carried to the point of drowsiness, usually made the aphasia worse."--Summary.

ARCHITECTURE

721. American Institute of Architects

Buildings for the handicapped and/or aged. New York, The Institute, 1952. 32 p. illus.

Included in this pamphlet on housing for the aged and handicapped are condensations of papers on aspects of housing, architectural details for public buildings, schools, dwellings, residential homes for the aged, health standards of housing, and many excerpts from writings of authorities in the field, indicating trends and comments. A bibliography of selected references--books, pamphlets, and magazines--is given for further reading on the various aspects of specialized planning for the housing needs of older people and handicapped children.

"This material appeared originally with different paging in the Bulletin of the American Institute of Architects as a two-part article (November, 1951 and January, 1952). Copies of this reprint are available for 35¢ each on order to Dept. of Education & Research, American Institute of Architects, 1741 New York Ave., N.W., Washington 6, D.C."

ARCHITECTURE (DOMESTIC)

722. Scotland. Department of Health

The housing of special groups, older people, other single people and two-person households, disabled people, large households, higher income group households, occupational groups; a report by the Scottish Housing Advisory Committee. Edinburgh, Her Majesty's Stat. Off., 1952. 99 p. illus.

Recommendations are made in this report on the suitable housing accommodations for special needs. The survey investigates the principles which should govern the provision and allocation of any such accommodations, and the types to be provided. Photographs and plans complete the report.

Available from British Information Service, 30 Rockefeller Plaza, New York 20, New York, at \$1.25 a copy.

ART

723. Randall, Arne W.

Art time for exceptional children. Washington, D. C., U. S. Office of Education, 1952. 3 p. Reprinted from School Arts.

The exceptional or handicapped child needs the medium of creative expression to express himself, to overcome the barriers to a wholesome development. Art can serve as a means of muscular rehabilitation and an emotional outlet for resolving conflicts and tensions, and as a means of livelihood. Teachers and parents can cooperate to make an art program for exceptional children effective.

ARTHRITIS

724. Martin, Alfred J.

The nature and treatment of fibrositis. Archives Physical Medicine. July, 1952. 33:7:409-413.

A method for the treatment of fibrositis is described--a controlled clinical study made in four series of patients in different hospitals in widely separated areas in England. Results reported were impressive with 48.3 per cent of cases found free from symptoms after treatment by this technique and 32.2 per cent found much improved. Collaborators in the study agree that the time for this treatment is less than with other forms of treatment, that it produced greater improvement and ultimate relief of symptoms, maintained for more than six months. Also observed was a noticeable improvement in the general health of the patients in a large number of cases. A close relation between successful results and injections made close to the bony attachments of the muscles was noted. If treatment is commenced early enough, the writer states it prevents "frozen" shoulder.

725. Richmond, Julius B.

Articular disorders in childhood, by Julius B. Richmond and Bessie L. Lendrum. Illinois Med. J. June, 1952. 101:6:295-298. Reprint.

A discussion of some of the problems of early diagnosis of chronic arthritis and rheumatoid arthritis in children, based on longitudinal studies of children manifesting the disease. Prognosis and therapy for the disease must undergo considerable revision, the writer feels; "...the commonly held opinion that the disease will subside with puberty is not entirely valid since recurrences may occur following adolescence. The disease does tend to be self-limited, however....Psychological disturbances were manifested in patients under observation; management of the patients therefore remains supportive and the physician should attempt to provide for improvement in the physiological and mental health of his patients.

ARTHRITIS--MEDICAL TREATMENT

726. Rudolph, Herman L.

Physical medicine and rehabilitation in the management of arthritis. J. Natl. Med. Assn. July, 1952. 44:4:252-256.

A review of the simpler procedures of physical medicine and rehabilitation for use in the office and home as an adjunct in the management of arthritis, based on the author's own experience. "The advent of the newer hormonal derivatives and substitutes has been a milestone in treatment and has presented renewed hope in management. Up to the present, however, only the simple procedures of physical medicine have stood the test of time in the prevention and correction of crippling deformity in arthritis." Among the procedures discussed are the use of heat, massage and exercise.

ASPHYXIA

727. Courville, Cyril B.

Ultimate residual lesions of antenatal and neonatal asphyxia; their relation to certain degenerative diseases of the brain appearing in early life. Amer. J. Diseases of Children. July, 1952. 84:1:64-78.

"In this very brief survey of the individual lesions which characterize a number of the degenerative diseases of the brain of infancy and childhood, an attempt has been made to marshall the evidence in favor of their anoxic origin. A summary of this evidence follows. 1. In many instances of these various diseases there is a clear-cut history either of some abnormal intrauterine state, of some difficulty at delivery, or of the presence of certain postnatal symptoms which in themselves are strongly reminiscent of neonatal anoxia. 2. The occurrence of such diseases in early life suggests that the cause may be associated with intrauterine or natal states. 3. Individual lesions have been produced experimentally in animals, at times as a residual of asphyxia neonatorum. 4. Every lesion of the group (with the exception of *status marmoratus*) has been found as a consequence of asphyxia in postnatal life. 5. Lesions of more than one type are frequently associated, those of less certain origin together with those of unmistakable anoxic genesis...." —General Considerations.

BIBLIOTHERAPY--BIBLIOGRAPHY

728. U. S. Veterans Administration

Bibliotherapy, a bibliography, 1900-1952. Washington, D. C., Veterans Administration, 1952. 18 p.

"This bibliography has been compiled in order to provide a list of references to books and periodical articles on the subject of bibliotherapy, for the use of hospital librarians working with patients. Since the practice of bibliotherapy in Veterans Administration hospitals is one of the major professional activities of the librarian, a comprehensive list of references from 1900 to date has been prepared, including articles written by members of the medical profession as well as by librarians. Full use has been made of several bibliographies published in the past by Schenck, Bishop, and others. The standard medical bibliographic tools were searched...."

Distributed by Library Service, Veterans Administration, Washington 25, D. C.

BLIND--DIRECTORIES

See 794.

BRACES

729. Knocke, Lazelle S.

Some common types of braces. Am. J. Nursing. July, 1952. 52:7:868-869.

Various types of braces—for the spine, leg, hand, and forearm—are illustrated and described briefly.

BRAIN INJURIES--MEDICAL TREATMENT

730. Brown, Joe R.

Management of patients with brain damage. Neurology. July-Aug., 1952. 2:4:273-283.

"The diagnosis and treatment of patients suffering from brain damage require an evaluation of many factors. The restriction of adaptability may become apparent as a diminished ability to abstract, to integrate, to regu-

late affective forces, and to direct behavior. These factors may be sampled by clinical observation and by specific testing. An adequate program of treatment must be individualized in accordance with the patient's deficits and resources."—Summary.

CAMPING--WISCONSIN

731. Witt, Violet

Camp for the crippled. Today's Health. Aug., 1952. 30:8:58-60.

A description of Wisconsin's Easter Seal Camp Wawbeek and its activities and program. Many of the counselors are teachers or students majoring in medicine, social work or physical therapy. "The counselor's major problem is persuading the camper to take part in a variety of activities" including crafts, games, swimming and others.

CEREBRAL PALSY--FRANCE

732. Smirnoff, Victor N.

La readaptation des enfants atteints d'encephalopathie. Courrier. June, 1952. 2:6:305-317.

The cerebral palsied child and his treatment, with regard to rehabilitation, are discussed in this article, the original of which is in French with resumes in both English and Spanish. Criteria for selection of patients for a Cerebral Palsy Unit, the basic aims of each department of the Unit, various services necessary for a complete rehabilitation program, and the care and management of patients, at the Unit and at home, are reviewed.

CEREBRAL PALSY--MEDICAL TREATMENT

733. New York. Coordinating Council for Cerebral Palsy.

A syllabus of cerebral palsy treatment techniques, prepared by Marguerite Abbott. New York, The Council, 1952. 58 p. Mimeo.

"...The objective of this manual is to point up, in an unbiased compilation, an orientation to several of the more familiar techniques of treatment as employed by the physical and occupational therapists. This manual is in no way intended to be definitive as to choice of treatment, but rather its purpose is to serve as a guide in prescribing basic treatment formula as indicated by the needs of each child."—Foreword.

The manual is divided into units dealing with basic diagnostic classification, clinical signs, treatment techniques, basic principles of treatment for occupational and physical therapy, and records. A bibliography of selected readings on medical information, occupational and physical therapy concludes the manual. The author is executive director of the Coordinating Council for Cerebral Palsy, Inc.

Distributed by the Coordinating Council for Cerebral Palsy, Inc., 270 Park Ave., New York, New York.

734. Penfield, Wilder

Ablation of abnormal cortex in cerebral palsy. J. Neurology, Neurosurgery, Psychiatry. May, 1952. 15:73-78. Reprint.

"...patients who suffer from cerebral palsy may be benefited by cortical excision in various ways. But they must be very carefully studied and selected before such radical procedures are to be considered.

"The possible benefits may be reviewed as follows. (1) The patient who is subject to recurring cerebral seizures may be relieved of his attacks. (2) The patient who has a discharging lesion of the cortex and shows progressive mental retardation may be greatly improved by excision of the partially

CEREBRAL PALSY--MEDICAL TREATMENT (continued)

destroyed cortex provided that the intellectual degradation has not gone too far. This applies particularly to children in the early stages of mental retardation and behavior abnormality. (3) Patients suffering from severe hemiplegia from infancy may be freed from spasticity to a considerable extent by cortical motor excision. In our experience, complete hemispherectomy would rarely be advisable. But subtotal hemispherectomy and the discriminating ablation of all nociferous cortex is a form of therapy that can bring great improvement to selected sufferers from cerebral palsy."—Summary

CEREBRAL PALSY--MENTAL HYGIENE

735. Holden, Raymond H.

All aboard for psychology. Cerebral Palsy Rev. July, 1952. 13:7:3-5.

What the psychologist can contribute to the life of the cerebral palsied child and to the child's parents is reported in conversational style, explaining some of the difficulties the child encounters. Through tests the child's abilities may be determined—his mental level and learning ability; emotional problems of both the child and his family can be recognized and corrected through play sessions for the child and suggestions for the parents to put into practice. The parents' attitude toward the handicapped child is of vital importance to his ability to adjust to a world he may consider either a safe or a threatening place.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

736. American Psychological Association.

Psychological problems of cerebral palsy; a symposium sponsored by Division of School Psychologists, American Psychological Association, and the National Society for Crippled Children and Adults. Chicago, National Society for Crippled Children and Adults, 1952. 79 p.

The proceedings of the first symposium ever to consider the psychological problems associated with cerebral palsy, was held on August 20, 1951. Papers presented were: "Some anatomical facts related to spasticity," by Douglas Buchanan, M.D.; "The psychological appraisal of children with cerebral palsy," by Charles R. Strother; "Group counseling with parents of the cerebral palsied," by Harry V. Bice; "Distinction between neurophrenia and cerebral palsy," by Edgar A. Doll; "Emotional and vocational planning for the cerebral palsied child," by T. Ernest Newland; "Summary," by Edgar A. Doll.

Available from the National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill., at \$1.25 a copy.

737. Taibl, Raymond Martin

An investigation of Raven's "Progressive matrices" as a tool for the psychological evaluation of cerebral palsied children. Lincoln, Nebraska, The Author, 1951. 120 p. Typed. Unpublished.

Thesis (Ph.D.)—University of Nebraska, 1951. Library has only Chapter V. and List of References.

"This study seeks to discover whether Raven's 'Progressive Matrices,' 1938, is a significantly effective medium of psychological evaluation of subjects with cerebral palsy, and whether, therefore, it can be recommended for psychological appraisal of this group...." 115 cerebral palsied subjects, ranging in age from six years to adulthood, were tested; four of the five types of paralysis characteristically included in cerebral palsy were found in this study. Since all but one of the subjects completed the test at one

CEREBRAL PALSY—PSYCHOLOGICAL TESTS (continued)

sitting, which was uninterrupted and administered in strict accordance with standardized procedures, the writer concludes that the test is of practical value for use with the cerebral palsied. He reviews the physical characteristics of cerebral palsy, gives a review of the literature on psychological testing of this group, describes the procedure and characteristics of this testing instrument, how data were collected and interpreted. Bibliography.

CEREBRAL PALSY—SPEECH CORRECTION

738. Mills, Alice W.

Speech therapy for the cerebral palsied in a treatment-training center. Quarterly J. Speech. 1951. 37:341-346. Reprint.

The writer, a consultant on speech therapy for the Bay State (Massachusetts) Society for Crippled and Handicapped, describes the program for speech rehabilitation of the cerebral palsied as conducted at the Society's treatment-training center, Springfield, Mass. She draws upon her experiences as a teacher of speech to recommend some methods of muscle training, relaxation, breathing and phonation, and direction of the mother of the child in methods of home training for speech improvement.

CHILDREN—GROWTH AND DEVELOPMENT

739. Kahn, Lawrence

Wetzel grid analysis of rheumatic children, by Lawrence Kahn, George Brown and David Goldring. J. Pediatrics. July, 1952. 41:1:47-52.

"1. The distribution of 157 children on the Wetzel Grid in their initial episode of acute rheumatic fever is presented and compared with the distribution of 3,336 grade school children. The comparison of the two series points definitely to the presence of growth failure in the series of rheumatic children as compared to the childhood population of the same age range at large.

"2. Follow-up Grid position determinations of 130 of the 157 rheumatic children show a shift in the Grid positions demonstrating marked improvement in growth and development.

"3. The application of the Wetzel Grid as an instrument in following the course of the individual child with rheumatic fever is suggested."—Summary.

Children were rheumatic cases admitted to St. Louis Children's Hospital within the years 1940 through 1950. "...This study was carried out as part of the State of Missouri Rheumatic Fever Program."

740. U. S. Children's Bureau

A healthy personality for your child, by James L. Hymes, Jr. Washington, The Bureau (1952). 23 p. illus. (Pub. no. 337—1952)

"...a popular version of a part of the Fact Finding Report on healthy personality development which was prepared for the Midcentury White House Conference on Children and Youth, which met in Washington in December 1950. The original report was the product of a committee which included doctors, psychologists, anthropologists, social workers, clergymen, delinquency experts, lawyers, educators and specialists in youth employment, recreation, and child development....(it) puts together what is generally accepted by authorities on how personality grows and what shapes it this way and that. Written for parents, it attempts to give them an understanding of the stages through which children grow emotionally from infancy to adulthood....A Discussion Aid, based on this pamphlet, for use of parents' groups interested in exploring problems of emotional growth is also available from the Children's Bureau, without charge."—Advance Release.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 15¢ a copy.

CHRONIC DISEASE--MEDICAL TREATMENT

741. Kemp, Hardy A.

Realism in the rehabilitation of the aged and chronically diseased with regard to public health. Southern Med. J. Mar., 1952. 45:3: 197-202. Reprint.

Citing Dr. Rusk's figure of at least 28,000,000 chronically diseased persons in the United States, Dr. Kemp urges a realistic approach to the problem of rehabilitation of the aged and chronically ill by a merging of the considerations of public health and public welfare. The area of rehabilitation of this group of the population is virtually unknown, and calls for mapping and exploring. Public health should assume responsibility for such research. Denver and Richmond, Va., are cited as examples of communities where the activities of the health department include the administering of medical care for the indigent.

CONVALESCENCE--INSTITUTIONS

742. Minnesota. Department of Health

Nursing home manual; a handbook for nursing home personnel. St. Paul, Minn., The Dept., n.d. (37) p.

This manual contains general information on personnel policies, assignment of duties, and nursing home ethics and etiquette. In addition nursing procedures are presented as suggestions for individual nursing homes wishing to set up specific instructions for their staffs. Samples of essential record forms for patients' records are included. The appendix lists a brief bibliography of books useful in nursing homes and an example of assignment of duties.

Published by the Minnesota Department of Health, St. Paul, Minn.

DEAF--DIAGNOSIS

743. Guilford, Frederick R.

Diagnosis of deafness in the very young child, by Frederick R. Guilford and C. Olaf Haug. A. M. A. Archives of Otolaryngology. Feb., 1952. 55: 101-105. Reprint.

Listed are some conventional audiometric tests which can be applied to the child from 2 to 6 years of age; the writer discusses their shortcomings and describes in detail an accessory unit used to motivate and interest the child during the pure-tone situation. Called the Pediacoometer, it attempts to overcome the serious disadvantages of other instruments and tests by its practical, reliable and easy use. Two main tests are used, the normal test and conditioning test. It has had great clinical success in obtaining audiograms on children with severely impaired hearing for whom results heretofore had been highly unreliable or unobtainable.

DENTAL SERVICE

744. Graber, T. M.

Orthodontic problems in pediatric practice. Pediatrics. June, 1952. 9:6:709-721.

"...orthodontics plays an important role in maintaining and restoring oral health and function by placing the teeth in their proper positions. In most cases, dental malocclusions are actually due to malrelationships of the jaws themselves, and require corrective procedures which guide growth increments of the maxilla and mandible. An important phase of orthodontics is prophylactic--recognizing the developing etiologic factors and intercepting them before the disturbance becomes severe. The pediatrician and dentist have a responsibility in maintaining normal development of the stomatognathic system. Specifically, the dentist should see the child after completion of the deciduous dentition, and continue to observe

DENTAL SERVICE (continued)

him not less than once a year...." Types of dental malocclusions are discussed and illustrated and the possible etiology reviewed. The problem of thumb sucking and its relation to malocclusion is explained.

EMPLOYMENT

See 771.

EPILEPSY—MEDICAL TREATMENT

745. Freedman, David A.

The present status of the medical treatment of epilepsy, by David A. Freedman and H. William Gillen. New Orleans Med. and Surg. J. June, 1952. 104:12:502-506.

Various drugs used in the treatment of epilepsy are reviewed by the writers and a brief description of types of convulsive patterns is given. The evaluation of the relative efficacy of various compounds is difficult, they feel, but they offer some of their experiences at the Tulane Neurology Clinic in Charity Hospital and the Tulane Epilepsy Clinic to demonstrate results they have obtained from anticonvulsant drugs. Other aspects of the medical management of the disease present problems, mainly psychological.

FACIAL PARALYSIS

746. Cawthorne, Terrence

The role of surgery in the investigation and treatment of peripheral facial palsy. Lancet. June 21, 1952. 262:6721:1219-1221.

The writer, aural surgeon at the National Hospital for Nervous Diseases, London, discusses sites of lesions of the facial nerve, the nature and causes of Bell's palsy, surgical techniques in cases where paralysis is permanent and the difficulties of such techniques.

HAND

747. Psaki, Raoul C.

Common diseases and disabilities of the hand, by Raoul C. Psaki and John H. Kuitert. Am. J. Physical Medicine. June, 1952. 31:3:183-192.

"The general importance of the hand has been discussed with a review of its functional anatomy and mechanical principles. A general classification of disabilities of the hand has been presented with a discussion of the various types encountered. The principles of management of some of these disabilities have been reviewed."—Summary.

HANDICAPPED—LEGISLATION—GREAT BRITAIN

748. Great Britain. Central Council for the Care of Cripples, comp.

Summary of legislation and directory of organizations for the care of the physically handicapped. London, Wm. Heinemann, 1951. 139 p.

In order to further coordinate the work of voluntary agencies concerned with the handicapped and to make available information on facilities for treatment, the Central Council for the Care of Cripples has published this directory dealing with statutory provisions of recent social legislation in Great Britain, the formation of voluntary organizations, the training of the disabled and personnel working with them. Details of orthopedic and special hospitals, county associations of voluntary organizations are given in Parts III and IV.

Distributed in the U. S. by the International Society for the Welfare of Cripples, 127 E. 52nd St., New York 22, N.Y., at \$1.00 a copy.

HEART DISEASE

749. White, Paul D.

Heart disease forty years ago and now. J. Am. Med. Assn. June 28, 1952. 149:9:799-801.

A cardiologist reviews gains in medicine in the last generation and the pioneering in cardiovascular diagnosis by etiology which proved the reversibility of every kind of heart disease formerly considered to be incurable and rapidly fatal. Greater increase in the mortality from cardiovascular-renal disease among the middle aged group of the population presents, at present, a challenge. Prevention calls for further research and added facilities for such research.

HEART DISEASE—EMPLOYMENT

750. Jezer, Abraham

Rehabilitation of the cardiac; a report on the findings made during a three year observation period at the Altro Workshops, Inc. Am. J. Physical Medicine. June, 1952. 31:3:139-152.

This is a report of the findings of a study to determine the amount of work that cardiacs can tolerate and whether it is possible to rehabilitate those with various types of heart disease. Methods of the study and results are discussed with criteria for the selection of patients given. Bibliography.

HEART DISEASE—STATISTICS

751. Maresh, George J.

Incidence of heart disease among Colorado school children; a statewide survey, by George J. Maresh, H.J. Dodge, and John A. Lichty. J. Am. Med. Assn. June 28, 1952. 149:9:802-805.

"Preliminary report is made of the findings of a study of heart disease incidence in 11,236 sixth grade school children in Colorado as well as the findings in 1,705 other children. The study was designed to accumulate statistically reliable data for assessment of the nature of the rheumatic heart disease problem in Colorado, and for case-finding purposes, immediate and future...."—Summary. It deals with 41 out of 63 counties in the state of Colorado as a whole, without breakdown by individual counties. A paper dealing with methods of the study and criteria for diagnosis is in preparation and later reports will present detailed analysis of the data.

HOSPITALS--ADMINISTRATION

752. American Hospital Association

Manual of hospital housekeeping. Chicago, The Assn., c1952. 113 p. (Publication M 16-52).

In this manual which explains the efficient management of hospital housekeeping, suggestions, techniques, and recommendations made are suitable for either the large or the small hospital. It can serve the administrator as a guide and the housekeeping employees as a textbook. Part I deals with personnel relations, training and supervision of the housekeeping staff, sanitation, fire and safety measures, records and budgets. Parts II and III discuss basic and special cleaning operations, stain removal, and the underlying principles of interior decoration. A suggested bibliography of reference material for the housekeeper concludes the manual.

Available from the American Hospital Association, 18 East Division St., Chicago 10, Ill., at \$1.50 a copy.

MEDICINE--RESEARCH
See 795.

MENTAL DEFECTIVES--PROGRAMS

753. Robb, Kenneth

Planning for the feeble-minded. Today's Health. Aug., 1952. 30: 8:54-55, 70-72.

This article was written to inform parents how their mentally handicapped children may be cared for. It discusses parental attitudes, methods of recognition of mental retardation, facilities available for education and training and opportunities for employment. State training programs and private schools for the mentally retarded are surveyed and evaluated.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

754. Johnson, Elizabeth Z.

Sex differences and variability in the performance of retarded children on Raven, Binet and Arthur tests. J. Clinical Psychology. July, 1952. 8:3:298-301. Reprint.

"...The present study was undertaken to explore the problems involved in the selection of institutionalized children, mentally and educationally retarded, for a special program of play therapy and psychological counseling. Specifically the objects were: (a) to determine the performance of a sample of the Wayne County Training School (Northville, Mich.) population on the Raven test, to see whether the Raven suggests a dimension of capacity other than those revealed by the Binet and the Arthur; and (b) to investigate sex differences in these test performances....For both sexes, though the average Raven tends to equal the Arthur mean (both being higher than the average Binet) the Raven appears to measure a capacity which is not fully tapped by other tests, and thus to add a new dimension to the clinical picture. Individual z-score patterning, confirming the generally low correlations obtained, suggest that extreme variability is the rule among these children. The sex differences are marked and significant. Boys consistently obtain higher mean scores than do the girls, and the range of means for boys is double the range achieved by girls. These differences, which appear to stem from factors operating 'selectively' in the community to produce referrals to this School are discussed in terms of delayed resolution of the Oedipus complex among boys."

--Summary.

MENTAL HYGIENE

755. Bakwin, Harry

Hospital care of the sick child. Bul. St. Francis Sanatorium. July, 1952. 9:3:1-14.

The effects of hospitalization on the infant and older child are discussed by Dr. Bakwin; with the infant deprivation of physical stimulation, emotional deprivation and the too-rigid schedule of the hospital affect the baby physically. He cites examples of hospitals where the mother takes care of the baby in the hospital and points out the advantages to be gained by the child, the mother and the hospital personnel. The older child--especially the rheumatic fever patient--often makes a more complete recovery if cared for in a convalescent home where emotional tensions are at a minimum, where there is not the danger of overprotectiveness. Home care has certain definite advantages, however; it offers the child more security and love than he receives in the hospital.

MENTAL HYGIENE (continued)

The article and accompanying discussion are from a seminar conducted at St. Francis Sanatorium, Roslyn, N.Y. on February 12, 1952.

MINING

756. Polhmann, Kenneth E.

Rehabilitation of disabled miners. Amer. J. Public Health. July, 1952. 42:7:791-794.

Health, medical, and rehabilitation services provided under the medical program of the United Mine Workers Welfare and Retirement Fund for disabled miners are reviewed in this article. Through co-operation with local community agencies, conference clinics plan for proper rehabilitation service and an adequate follow-up program assures successful termination of services.

MULTIPLE SCLEROSIS--PSYCHOLOGICAL TESTS

757. Baldwin, Marcella Vig

A clinico-experimental investigation into the psychologic aspects of multiple sclerosis. J. Nervous and Mental Disease. Apr., 1952. 115:4:299-342.

"...The purpose of the present investigation was to study the psychological aspects of multiple sclerosis by means of objective, repeatable psychologic procedures, augmented by clinical observation; to discover and map the variation dependent on genuine interpersonal differences, and to minimize that reflecting observational errors rather than true differences...." Four major areas of concern were chosen: 1) the problem of intellectual deterioration, 2) an attempted evaluation of the typical emotional and personality changes that occur in the disease, 3) the patient's "experience of his illness," and 4) an analysis of multiple sclerosis case histories to discover, if possible, whether emotional factors themselves play a part in contributing to the etiology and development of the disease. Thirty-four multiple sclerosis patients, all female, were tested with a control group matched as to age, education, socio-economic status reflected in their education and in premarital status, marital status and motherhood. The investigation was limited to women patients to eliminate sex differences. The battery of tests used, methods of interviewing, the investigation of certain hypotheses concerning the "multiple sclerosis personality" and of the "psychosomatic hypothesis" applied to the disease and the resulting findings, are discussed. Extensive bibliography.

"This is a revised version of a thesis submitted to the Graduate Faculty of the University of Minnesota in partial fulfillment of the requirements for the Ph.D. degree (1947)!"

MUSCULAR DYSTROPHY--ETIOLOGY

758. Stephens, F. E.

Studies in disorders of muscle: V. The inheritance of childhood progressive muscular dystrophy in 33 kindreds, by F. E. Stephens and Frank H. Tyler. Am. J. Human Genetics. June, 1951. 3:2:111-125. Reprint.

"A study of 33 separate kindreds in which there were 63 cases of childhood dystrophy is reported. The clinical syndrome is described and the nature of its inheritance analyzed. Progressive muscular dystrophy of childhood is an easily recognizable trait which occurs only in males none of whom ever reproduce. In 7 of the 33 kindred studied the trait is clearly transmitted as a sex-linked recessive with the possible alternative of an autosomal trait occurring in the heterozygous males but

MUSCULAR DYSTROPHY--ETIOLOGY (continued)

not in the heterozygous females. In 14 kindreds there were insufficient data on which to draw definite conclusions regarding its inheritance and in 12 kindreds there was definite evidence that if the trait be due to a sex-linked recessive gene the cases must represent new mutations....The high mutation rate and the failure of affected individuals to reproduce accounts for the frequent sporadic occurrences of the disorder."—Summary and conclusions.

MUSIC

See 796.

MUSIC THERAPY

See 797.

NEUROLOGY

759. American Academy of Pediatrics

Neurological conditions in children. Pediatrics. June, 1952. 9:6: 782-790. A symposium.

Contents: Neuromuscular disorders of childhood, Donald McEachern and Reuben Rabinovitch.—Organic factors in behavior disorders, William A. Hawke.—Roentgenographic findings in cerebral lesions of birth and infancy, Donald L. McRae.—The epilepsies of childhood, Wilder Penfield.—Electroencephalography, Herbert H. Jasper.—Etiology and medical management of epilepsy in children, Preston Robb and Francis McNaughton.

NUTRITION

760. U. S. Bureau of Human Nutrition and Home Economics.

Food guide for older folks. Washington, Govt. Print. Off., 1952. 16 p. illus. (Home and Garden Bul. No. 17)

"This booklet tells about older people's food needs and how to meet them. In addition, it suggests ways to meet special problems that often make it hard for an older person to be well fed....if you have a health problem, this guide is not meant to replace the advice that a doctor should give...." Low and moderate-cost food plans are outlined and a sample menu for a week is given. Suggestions for buying, cooking, serving, on cooking with very limited equipment, for coaxing poor appetites, or for planning for the overweight or underweight person are made.

Available from U. S. Superintendent of Documents, Washington 25, D. C. at 5¢ a copy.

OCCUPATIONAL THERAPY--ADMINISTRATION

761. Covalt, Nila Kirkpatrick

Prescribed occupational therapy. Archives Physical Medicine. June, 1952. 33:6:333-338.

The writer feels that occupational therapists are defeating themselves and delaying progress as long as they are unwilling to align themselves with the medical specialty where physicians also have formal training in the therapeutics used in this field. She outlines a basis for occupational therapy prescriptions and recommends that standard terminology be adopted in such prescriptions. If suggested changes in policy, as recommended by the American Congress of Physical Medicine to the American Occupational Therapy Association, could be brought about, the profession would be strengthened and therapists would become a vital part of the field of Physical Medicine and Rehabilitation. Until therapists receive correct prescriptions under doctors trained in the field of occupational therapy, their work will be no more than diversionary and not recognized as therapy.

OLD AGE

762. U. S. National Institute of Mental Health.

Looking forward to the later years. Washington, Govt. Print. Off., 1952. 14 p. (Public Health Publication No.116)

If older people would, as this booklet suggests, take inventory of their financial and physical health, family responsibilities, activities, and social interests, the later years would prove more enjoyable. Many ideas for enriching one's old age are discussed briefly and a short bibliography of books, pamphlets and films on some of the older person's problems is given.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 5¢ a copy.

See also 741;742;760.

OLD AGE--MEDICAL TREATMENT

763. Ferderber, Murray B.

Rehabilitation of the aging. Minnesota Welfare. June, 1952. 7:12: 10-19.

"Dr. Ferderber spoke on a unique project in rehabilitation of the aging at the 1952 Minnesota Welfare Conference....this article...contains the same material he covered at the Conference, in somewhat shorter form." Dr. Ferderber combined war rehabilitation with institutional experience and organized a service program at the Allegheny County Institution District's 1,800-bed home-hospital, near Pittsburgh, Pa., a public institution. Here aged persons suffering from arthritis, fractures, hemiplegia, and amputation entered into the experiment with enthusiasm and improved morale; many were able to return to their home and others, although remaining in the institution, became ambulant where before they had been totally bedfast.

OLD AGE--PROGRAMS

764. U. S. Federal Security Agency. Committee on Aging and Geriatrics.

Aging, a community problem. Washington, Govt. Print. Off., 1952. 12 p.

A brief pamphlet on ways and means to help older people live happier, healthier, and more active lives and how their capacities can be utilized to benefit the community in which they live. Suggested are sources for the help and guidance of communities planning to meet the challenge of its older citizens.

Distributed by Committee on Aging and Geriatrics, Federal Security Agency, Washington 25, D. C.

ORTHOPEDICS--SOUTH AMERICA

765. American Academy of Orthopedic Surgeons

Orthopedic surgery in Latin American countries. J. Bone and Joint Surgery. July, 1952. 34-A:3:505-553.

Group of articles by eminent Latin American surgeons, recounting the development and advancement of orthopaedic surgery during the last half century in Mexico, Brazil, Chile, Uruguay, Argentina, and Cuba.

Contents: Orthopaedics in Mexico, Juan Farill.-Fifty years of progress in orthopaedics and traumatology in Brazil, Flavio Pires de Camargo and Luiz Gustavo Wertheimer.-The development of orthopaedic surgery and traumatology in Chile, Carlos Urrutia.-Half a century of

ORTHOPEDICS--SOUTH AMERICA (continued)

orthopaedics in Uruguay, Jose Luis Bado.-Fifty years of orthopaedics and traumatology in Argentina, Jose Manuel del Sol.-A short historical sketch of orthopaedic surgery in Cuba, Pedro Sanchez Toledo.

PARAPLEGIA--MEDICAL TREATMENT

766. Cooper, Irving S.

Metabolic disorders in paraplegics, by Irving S. Cooper and Thomas I. Hoen. Neurology. July-Aug., 1952. 2:4:332-340.

"It is the purpose of this report to summarize briefly observations concerned with metabolic abnormalities observed in paraplegic patients. This review included clinical data on over 300 paraplegic patients studied during the past five years. The majority of these were paraplegic as a result of traumatic lesions of the spinal cord, and, except where otherwise indicated, this discussion deals specifically with traumatic paraplegics...." Discussed are protein metabolism, liver function, basal metabolic rate, gynecomastia in paraplegic males, testicular atrophy, hormone excretion, and eosinopenic response to spinal cord trauma, and the use of testosterone as an anticatabolic agent in paraplegics.

"This survey includes patients examined in the paraplegic center, U. S. Naval Hospital, St. Albans, Long Island, Mayo Clinic, Rochester, Minnesota and the New York University-Bellevue Medical Center."

PARENT EDUCATION

767. Milman, Doris H.

Group therapy with parents: an approach to the rehabilitation of physically handicapped children. J. Pediatrics. July, 1952. 41:1: 113-116.

"This communication will report an experience with group therapy of parents of physically disabled children in a chronic disease hospitalGroup therapy was undertaken for the two-fold purpose of clinical investigation and psychotherapy...." Aims of the program are contrasted with actual accomplishments; outstanding parental needs and difficulties were explored and attempts were made to resolve them. Response of the parents was sufficient to warrant continued attention to this type of treatment.

PHYSICAL MEDICINE--EQUIPMENT

768. Jones, Mary S.

Mechanical aids to treatment made in occupational therapy workshops. Brit. J. Physical Medicine. July, 1952. 15:7:153-160.

An article describing aids for treatment of various disabilities--a boned glove for patients with median nerve paralysis, a working gauntlet for hand amputees, rockers for application to walking plaster casts, wooden soles to raise the shoe on the uninjured leg, and working pylons for above and below knee amputee. By having these devices made in the occupational therapy workshop, the therapist provided suitable physical activity for patients while focusing their attention on the problems of another disabled person. Details of construction are given.

POLIOMYELITIS--MEDICAL TREATMENT

769. Physical Therapy Rev. July, 1952. 32:7

Entire issue devoted to articles on the subject.

POLIOMYELITIS--MEDICAL TREATMENT (continued)

Contents: Present concepts in the management of the poliomyelitis patient with respiratory difficulty, Elizabeth Austin, Clarence W. Dail, David Rubin, Albert G. Bower, and Ruth Nygren Ackley.-Tracheotomy in poliomyelitis, Seymour R. Cohen and Albert G. Bower.-The use of a ventilation meter in the evaluation of the poliomyelitis patient with breathing difficulty, Elizabeth Austin, Clarence W. Dail, David Rubin, Albert G. Bower and Ruth Nygren Ackley.-Gait training in poliomyelitis, Duane A. Schram, Aline Bletcher, and Carmella Gonnella.-Intensive exercises in early poliomyelitis, A. David Gurewitsch and Paul Philip Proud.-Improved equipment for hydrotherapy, Merton E. Miller and Marion B. Stewart.-Temporary equipment for acute poliomyelitis patients, Dorothy Spark.

POLIOMYELITIS--NURSING CARE

770. Andrews, Marie

Nursing care of the polio patient in a respirator. Nursing World. July, 1952. 126:7:20-24.

A well-illustrated article which discusses the care of patients with anterior poliomyelitis and the need for a thorough understanding of the mechanism of the respirator. The patient will need sound psychological preparation for using the respirator; the nurse must be able to appreciate his apprehensiveness and deal with the situation calmly. This article is concerned chiefly with cases of thoracic poliomyelitis although there are many types of disease which necessitate the use of a respirator.

PRESIDENT'S COMMITTEE ON NATIONAL EMPLOY THE PHYSICALLY HANDICAPPED WEEK--REPORTS

771. McCahill, William P.

Development of work opportunity for the handicapped. Monthly Labor Rev. June, 1952. 74:6:640-642.

A report of the April 18, 1952, meeting of the President's Committee on National Employ the Physically Handicapped Week. An inventory was taken of the past five years' progress in state programs, and panel discussions on the medical aspects of employment of the handicapped, on workmen's compensation laws, retirement, pension benefits and disability insurance are reported briefly. Statistics on the volume of placement and rehabilitation are given.

PSYCHIATRY

772. Ebaugh, Franklin B.

The neuropsychiatric aspects of rehabilitation. Archives Physical Med. June, 1952. 33:6:348-353.

A discussion of the importance of treating the emotional problems of disabled persons in the rehabilitation process. Beginning such treatment early can prevent the formation of habits and attitudes which would impede the rehabilitation program. The physician and therapists familiar with the patient can often bring about the best results. The place of the neuropsychiatrist on the team is that of advisor to the medical staff; he can interpret patients' actions and feelings to the staff and point out ways of meeting particular problems. In cases where referral to the psychiatrist is necessary, such referral should be properly made and not forced.

PSYCHOLOGY

773. Barnes, Robert H.

Psychological problems in physical rehabilitation: a review. Am. J. Med. Sciences. Jan., 1952. 223:106-112. Reprint.

A review of the literature on psychological problems of physical rehabilitation, this article briefly discusses the patient's reaction to disability, problems in dealing with children, old people, those with severe deformities, and various types of crippling diseases, the effect of emotion on the skeletal musculature resulting often in permanent joint and muscle changes, and the value of group therapy. The writer urges more basic research on psychological principles and the psychiatric applications of these principles to the rehabilitation process.

774. Johnson, Wendell

Being understanding and understood: or how to find a wandered horse. Etc: A Rev. General Semantics. Spring, 1951. 8:3:171-179. Reprint.

A plea for a more humanized approach to the handicapped by the professional worker. The clinician is frequently influenced by his own background and experience which may provide barriers to an understanding of the patient. Because he does not have a particular handicap, the clinical worker may have only verbal access to the problems of the handicapped. Attitudes toward treatment are frequently influenced by traditional language structure, particularly in the highly specialized fields. This may lead to inadequate understanding of the problems of the patient. The emphasis should be on the patient and providing relief for his symptoms and problems, rather than on theory and technique. The clinician can develop a great deal of skill in imagining the feelings and attitudes of his patients.

775. Steuart, Guy W.

Emergency hospitalization of young children; the psychological effects. So. African Medical J. June, 1952. 26:23:472-476.

"The experience of emergency hospitalization, more particularly with children in the highly formative pre-school years, has potentially serious psychological effects. Although many children return from hospital more amenable to discipline and with less 'adult-provoking' symptoms, usually both feelings of dependence and of guilt are intensified. This tends to retard the development of satisfactory extrafamilial social relationships, and to increase the severity and inflexibility of the super-ego. The central figure in dealing with this and allied problems, would appear to be a practitioner with special training as a family doctor."--Summary. Case histories are presented to illustrate the writer's point that symptoms presented are all consistent with conflicts concerning dependence, fear of loss of love which is intensified by sibling rivalry, aggression and guilt.

See also 755; 767; 777.

PSYCHOLOGY--BIBLIOGRAPHY

776. Rothstein, Jerome H.

Classified bibliography; guidance and clinical diagnosis of the handicapped. San Francisco, San Francisco State College, 1952. 63 p. Mimeo.

Classified under the headings of general references, counseling, testing, educational and vocational training, and employment, this bibliography covers fields of interest for the teacher, parents, educators, and guidance counselors.

Available from the College Book Store, San Francisco State College, San Francisco, Cal., at \$1.50 a copy.

RECREATION

777. Rusalem, Herbert

Social rehabilitation is needed. Cerebral Palsy Rev. July, 1952.
13:7:6-9.

The writer who is Director of Services of the Federation of the Handicapped, New York City, describes the overall program of services for the adult cerebral palsied as offered by the Federation. It includes social casework, adult education, psychology, vocational counseling, medicine, and physical, occupational, and speech therapies. A group recreation program, offering values of its own as well as being accessory to other services, may be established and maintained within the structure of a multifunction agency, he feels. "...In view of the social rejection which many persons with cerebral palsy face in general social activities, a transitional program of recreation within a social agency is necessary for their fullest growth...."

RECREATION--EQUIPMENT

See 798.

REHABILITATION--ASIA

778. United Nations. Conference of Experts on Physically Handicapped Children, Jamshedpur, India

Proceedings of the...for countries of South East Asia,...December 19-21, 1950. New York, U.N. Technical Assistance Adm., 1951. 60 p. (TAA Conference and Seminar ser., no.1)

The Conference of Experts on Physically Handicapped Children, held in India, was the first of its kind in the far eastern region and in this report the magnitude of the problems of the physically handicapped child and his treatment in this area is stressed. Attention was drawn to "the striking paucity of statistical data regarding the problems of the physically handicapped children in all under-developed areas...the meager incipient efforts that have so far been made in the countries of South East Asia for the treatment, care, education, training, placement and social rehabilitation of the handicapped child, while considering the vast numbers of the variously handicapped children and adult population in each country, and the remarkable scarcity of variously trained personnel and training facilities in the whole region...."

Fifteen papers on the physically handicapped and ten papers on the special problems of blind and deaf children are summarized. Salient points are discussed under the aspects of discovery and diagnosis, treatment, education, vocational guidance, social adjustment, coordination of services in rehabilitation, training of personnel, economic problems and legislation. Appendices contain the Conference programme of activities, titles and authors of papers presented, participants in the conference, and a list of terms, with definitions, used in defining handicapping conditions. Also given is a directory of societies, associations, national secretaries and correspondents dealing with problems of handicapped children in various parts of the world. A short bibliography of literature on the handicapped concludes the report.

Available from International Documents Service, Columbia University Press, 2960 Broadway, New York 27, New York, at 60¢ a copy.

REHABILITATION--PERSONNEL

See 742;774.

REHABILITATION--PROGRAMS

779. Wenkert, Walter

Community planning for rehabilitation. Amer. J. Public Health. July, 1952. 42:7:779-783.

In planning for rehabilitation in a community, three major fields are involved in the process--the medical, the social adjustment, and the vocational adjustment. The writer points out that all three do not necessarily function in a particular case, but that one agency should assume responsibility for calling on diagnostic and therapeutic skills needed for the rehabilitation process. A statistical survey of needs is helpful but various community groups in touch with the disabled must be scrutinized for available services; a council of social agencies can, by working together, overcome the difficulties presented by the rehabilitation problem. Since there are fewer tried guideposts in this field of health, methods used by local committees in working out the problem are suggested.

RHEUMATIC FEVER

780. McCulloch, Hugh

Some ideas on the nature of rheumatic fever. Amer. J. Disease of Children. July, 1952. 84:1:1-4.

In his presidential address, read at the Sixty-Second Annual Meeting of the American Pediatric Society, May 7, 1952, Dr. McCulloch states that rheumatic fever continues to be an important health problem for young people and discusses the possible etiology of the disease. He also asks pertinent questions concerning the growth process in children, alterations in the process which might lead to rheumatic fever, and the suggested relation between adrenal function and that of the pituitary gland and its hormones. "...Heart disease is the measure of rheumatic fever and must be used to indicate the progress of the patient, his recovery, and the success of that program (of over-all care for rheumatic fever patients)...."

See also 739; 755.

SCOLIOSIS

781. Bender, Leonard F.

Incidence of pain in idiopathic scoliosis, by Leonard F. Bender (and others). Archives Physical Medicine. July, 1952. 33:7:406-408.

"One hundred thirty-two cases of idiopathic scoliosis were studied from the standpoints of (1) incidence of pain, (2) age of patient at onset of pain, and (3) severity of pain. When they were examined in 1941, 65.2 per cent of these patients were found to have pain of some degree. Approximately 50 per cent of the 26 traceable patients who did not have pain in 1941 complained of some degree of pain in 1951. More patients (36 per cent) noted the onset of pain between 30 and 39 years of age than during any other decade of life. There appeared to be no good correlation between the degree of the scoliosis and the severity of the associated pain."--Summary.

SOCIAL SERVICE--FINANCE

See 799.

SOCIAL WELFARE--PERSONNEL

782. Community Chests and Councils of America

Social agency board member institutes; an analysis of the experience of eighteen cities. New York, Community Chests and Councils of America, 1952. 36 p. (Bull. no. 161, May, 1952).

A research project by Harleigh B. Trecker for the Advisory Committee on Citizen Participation.

SOCIAL WELFARE--PERSONNEL (continued)

Material developed for board member institutes in eighteen different cities has been analyzed; cities covered varied from large to small and the experiences they reported occurred between 1937 to 1951. Major items investigated were purpose of institutes, organization, educational content and program, teaching methods and techniques, follow-up and implementation, basic philosophy and principles. In conclusion, an exhibit of the practical tools of suggestions for use in planning and conducting board member institutes is given. Citizens assuming social responsibility voluntarily in their communities will find this pamphlet of practical value.

SPECIAL EDUCATION

783. Cruickshank, William M.

The exceptional child in contemporary education. Syracuse, Syracuse University, 1952. 26 p. (J. Richard Street Lecture)

The basic essentials to the development of a program for exceptional children are integration into the regular educational stream of the school system, the providing of at least minimal experience with exceptional children for all teachers, all administrators and supervisors, an adequate financial structure which is subservient to educational philosophy, the downward extension of educational programs to pre-school levels, and professional respect and integrity. The writer discusses the special needs of handicapped children, the mentally retarded, the blind and the deaf or hard of hearing--their educational needs and how they should be met.

Published by the School of Education, Syracuse University, Syracuse, New York.

SPECIAL EDUCATION--CALIFORNIA

784. California. Bureau of Special Education.

Implementing "The Framework" through special education for exceptional children and youth. Cal. Schools. May, 1952. 23:5:181-197.

"This is the ninth and final article in a series dealing with progress in implementing the 'Framework for Public Education in California,'.....a body of general principles covering the entire range of public education.... These articles show how the 'Framework' is being put to practical use in specific situations." This is an explanation of how California is meeting the educational needs of exceptional children, with brief descriptions of a few groups of handicapped children--the visually handicapped, the cerebral palsied, homebound and hospitalized children, those with hearing impairments and speech defects, and the mentally retarded and gifted. The health and educational problems these groups present and the ways and means by which California's public schools are attempting to solve these problems are discussed.

SPEECH CORRECTION

785. American Speech and Hearing Association

Speech disorders and speech correction. J. Speech and Hearing Disorders. June, 1952. 17:2:129-137.

Report of the Committee on the Midcentury White House Conference, 1951.

Reviewing estimates of incidence of speech defects to indicate the great need for adequate psychological and physical attention to the problem, the writer, Chairman of the Committee on the Midcentury White House Conference, outlined the qualifications and professional training of the speech pathologist. Much research into the various types of speech disorders and problems arising from them is urgently needed. Principles of practical procedures in speech correction are stated, and, if applied in particular

SPEECH CORRECTION (continued)

situations and various concrete ways, may be expected to bring about a richer and more effective educational program.

This is one of a number of papers serving as resource material for the Fact Finding Report of the Midcentury White House Conference on Children and Youth, published in 1951.

786. Backus, Ollie

The use of a group structure in speech therapy. J. Speech and Hearing Disorders. June, 1952. 17:2:116-122.

"An attempt has been made to state explicitly some assumptions underlying the use of a group structure in speech therapy. Therapy as a specialized growth process has been located on a continuum in relation to general education; some distinction in location has been made between speech therapy and psychotherapy. Some assumptions about the process of therapy have been stated; a definition has then been formulated. Similarities and differences have been made explicit between a two-person and group structure. The relative merits of each type of structure need to be judged by the extent to which the use of each type can facilitate growth in a given individual....The structure of therapy needs to be defined both in terms of therapist and client....What the therapist does is conceived of not so much in terms of specific behavioral procedures, as in terms of creating the kind of environment in which clients become able to change...."

SPINA BIFIDA

787. Schwidde, Jess T.

Spina bifida, survey of two hundred twenty-five encephaloceles, meningoceles, and myelomeningoceles. Amer. J. Disease of Children. July, 1952. 84:1:35-51.

"The subject of spinal and cranial dyraphism is reviewed. The details of a survey of 225 meningoceles, myelomeningoceles, and encephaloceles (studied in the University Hospitals, Iowa City, Iowa, during the period from 1938 to 1950) are presented and discussed...."--Summary. Statistics on incidence, sex ratio, operative cases and mortality, results of operation, associated anomalies, familial incidence, parental age, labor, and repetition of malformations among siblings are given. Presumptive evidence favors a familial factor in the cause of these lesions.

SPINE

788. Quiring, Daniel P.

Background for an understanding of spine and trunk function. Archives Physical Medicine. July, 1952. 33:7:414-424.

"Comparisons are offered between the spine and trunk of lower vertebrates and man. The embryonic development of vertebral column and the back musculature is briefly summarized. A description of the ligaments associated with the spine and the vascular supply associated with the spine is included in this account."--Abstract.

STUTTERING

789. Moncur, John P.

Parental domination in stuttering. J. Speech and Hearing Disorders. June, 1952. 17:2:155-165.

"...The author, in a recent investigation of the environmental factors differentiating stutterers from non-stutterers, found a wide range of differences between his two groups of children...." A group of stutterers comprised of 42 boys and 6 girls ranging in age from 62 to 98 months was matched with

STUTTERING (continued)

a similar group of children, who were non-stutterers. Children were made available from the Los Angeles, The Burbank and the Beverly Hills School Systems. Data was re-evaluated in terms of parental domination and it was concluded that parents of stutterers are more dominant than those of non-stutterers. Dominant parental actions included excessive disciplinary action, over-supervision and over-protectiveness, holding the child to excessively high standards, and adverse parental criticism.

See also 774.

U. S. CHILDREN'S BUREAU--ADMINISTRATION

790. U. S. Children's Bureau

Services for children; how title V of the Social Security Act benefits children. Washington, D. C., Govt. Print. Off., 1952. 9 p..

"...This leaflet gives basic facts about how these funds (authorized each year by Congress to be given to the States to help them extend and improve their health and welfare services for children and maternity services for mothers) move through the Children's Bureau to States and what kinds of services they help to support." Statistics on the number of children benefited by crippled children's services, by public welfare services and the number of children estimated to need services and who are not receiving them, are given.

Distributed by the U. S. Children's Bureau, Washington 25, D. C.

VETERANS (DISABLED)

791. U. S. Department of Defense

Facts for your future, for those who may be separated from the Armed Forces with physical disabilities. Washington, D. C., The Dept., 1952. 75 p. illus. (VA pamphlet 21-48; AF pamphlet 34-41-1)

A small pamphlet of information prepared for those who may be separated from the Armed Forces with disability. It answers some of the most frequently asked questions about retirement or discharge for disability--what the laws provide, what procedures must be followed, rights and benefits obtainable, and why discharged persons should apply for Veterans Administration compensation. Medical care and hospitalization, getting a job in the case of less than total disability, pensions and survivors' benefits, government life insurance for post-services individuals, state benefits and laws covering special provisions for disabled veterans are discussed briefly.

Distributed by the U. S. Department of Defense, Washington 25, D. C.

VOCATIONAL GUIDANCE

792. U. S. Office of Vocational Rehabilitation

Report of proceedings, fifth annual workshop on guidance, training, and placement. Washington, D. C., The Office, 1952. 3 pts. (Rehabilitation service ser. 188)

Contents: Part I: Total evaluation of the client.-Part II: Rehabilitation of the mentally retarded and emotionally disturbed.-Part III: Rehabilitation program for the homebound.

These Proceedings represent the results of studies in which thirty-seven state agencies participated, the reports of group discussions during the Workshop, and the contributions of a number of nationally known resource persons. These materials may be utilized for staff training, in formulating standards of casework performance and in developing case work manuals.

VOCATIONAL GUIDANCE (continued)

See also 776.

VOCATIONAL REHABILITATION

793. Switzer, Mary E.

New trends in vocational rehabilitation. Amer. J. Public Health. July, 1952. 42:7:784-786.

While pointing with pride to the number of handicapped persons rehabilitated and employed within the past year and to the outstanding work accomplished by such rehabilitation centers as that established by the Liberty Mutual Insurance Company in Boston, the writer, Director of the U. S. Office of Vocational Rehabilitation, demonstrates the need for a closely knit relationship between preventive measures, curative medicine, and rehabilitation. She recommends that selective placement and screening be used to cut down the rate of employment rejections on physical grounds, that the rehabilitation worker call upon specialists in the various fields of medicine, social work, education, and vocational counseling to provide the best service possible to the person needing rehabilitation.

NEW BOOKS BRIEFLY NOTED

BLIND—DIRECTORIES

794. American Foundation for the Blind.

Directory of activities for the blind in the United States and Canada, compiled by Helga Lende; ninth edition. New York, The Foundation, 1952. 133 p.

A reference book for all workers for the blind and for those in the field of public welfare, the ninth edition of this Directory, which is published biennially, provides information on national public and private agencies working for the blind, as well as state and local agencies. Included also is a selected list of agencies authorized to administer vocational rehabilitation, to issue licences to blind persons wishing to operate vending stands in federal buildings, braille classes in public schools, camp and vacation homes, homes for adult blind, nursery schools for blind babies, libraries for the blind, religious organizations, residential schools for children, printing and publishing concerns, and workshops. Indexed.

Available from the American Foundation for the Blind, 15 W. 16th St., New York 11, N. Y., at \$2.00 a copy.

MEDICINE—RESEARCH

795. Health Information Foundation

An inventory of social and economic research in health. New York, The Foundation, 1952. 197 p.

"...To assist both scientists and health action leaders, the Research Department of this Foundation has collected and classified data on recent and current studies in health conducted by national organizations, by federal, state and local agencies, and by social science, medical, and health divisions of colleges and universities. This Inventory includes projects primarily concerned with social and economic aspects of health."—Foreword. This bibliography can serve as a guide to grant-

MEDICINE--RESEARCH (continued)

making groups in determining which areas need research attention. "...Projects relating to biological or technical medical developments were not included, nor was any attempt made to list mental health studies...."

Available from Health Information Foundation, 420 Lexington Ave., New York 17, N.Y., at \$1.50 a copy. Paperbound.

MUSIC

796. Shaw, Stella

One-handed piano method for beginners, stressing the independent development of either the right or left hand. New York, Mills Music, cl1952. 30 p.

"...This book is intended for the beginner and offers the full course of fundamentals for one hand playing. The method can be self taught. Earlier in the course, the beginner is introduced to the playing of familiar melodies, which not only aid in his development in mastering technique, but also gives him the psychological pleasure of being able to create music....The music has been so arranged that the same effect is created as though it were being played with two hands...." Also contains a brief dictionary of musical terms. For the handicapped person, this book offers an opportunity to acquire a new skill and a medium for self-expression, an emotional outlet of psychological value.

Published by Mills Music, Inc., 1619 Broadway, New York 19, N.Y., at \$1.50 a copy. Paperbound.

MUSIC THERAPY

797. National Association for Music Therapy

Music therapy; 1951 book of proceedings of the...Vol. I; Esther Goetz Gilliland, ed. Chicago, The Assn., 1952. 201, 41 pp. Includes "Bibliography on music therapy". 41 p.

Papers presented at the National Association for Music Therapy convention, held in Chicago, November 9-11, 1951. Subjects covered by authorities in the field include music to aid the handicapped child, demonstrations, scope of the hospital music program and professional opportunities, volunteer music service in hospitals, musical creativity and emotional conflict, and various reports of the research committee. A bibliography on music therapy, compiled by Ray Green (and others) is included in the book but may be purchased separately at \$1.00 a copy.

Available from Esther Goetz Gilliland, Chicago Musical College, 64 East Van Buren St., Chicago 5, Ill., at \$3.50, clothbound and \$3.00, paperbound.

RECREATION--EQUIPMENT

798. Pelton, B. W.

How to build games and toys. New York, D. Van Nostrand, cl1951. 264 p. illus. \$3.95.

Provides directions for making toys and games which the average home craftsman can assemble, either with a meager set of tools or a powered workshop. To cut down the cost and speed up the work, materials suggested are often household odds and ends. Complicated mechanical details have been avoided to enlist the interest of handcrafters of all ages and abilities; finished products are sturdy and colorful, both essentials in children's toys and games. A chapter on entertaining convalescents and rainy day prisoners provides a source of ideas for harried parents. The appendix gives an indexed graded list of games and toys suitable for various ages of children, from the infant to 9 months old to children age 13.

SOCIAL SERVICE--FINANCE

799. Ruml, Beardsley, ed.

The manual of corporate giving, edited by Beardsley Ruml in collaboration with Theodore Geiger. Washington, D. C., National Planning Assn., c1952. 415 p.

Prepared in response to requests from business executives and private individuals for guidance in corporate giving to education, scientific, and welfare activities under the 5% tax exemption privilege of the Internal Revenue Code, this book contains sections by 26 experienced donors and recognized experts. "...The Manual is mainly concerned with explaining the specific ways in which gifts can be made to yield the maximum benefits both to the recipient and to the donor....in addition to comprehensive chapters on how to administer a 5% program and on the legal problems involved in corporate giving,...(it) contains separate sections on each of the following fields in which 5% funds can be spent: community chests, hospitals, museums, libraries, music, health and welfare agencies, public health activities, higher education, public and independent secondary schools, corporate scholarships and fellowships, adult education and lectures, the natural sciences, medical research, the social sciences, the humanities, creative arts, public policy organizations, education, welfare, and economic development abroad...." The book is in every sense a handbook; it is not meant to be read from cover to cover. Part I, concerning general questions in the field of corporate giving, should be read as a whole, but each chapter in Part II is a self-contained unit containing information and discussion on the particular field of corporate giving indicated by the title.

Published by the National Planning Association, 800 21st St., N.W., Washington 6, D. C., at \$6.75.

SPORTS--BIOGRAPHY

800. Stump, Al J.

Champions against odds. Philadelphia, Macrae Smith Co., c1952. 255p. \$2.95.

Every sports fan knows what the words "handicap" and "odds" mean. But the two words have special meaning to the 21 athletes who successfully passed a hurdle--physical, racial, economic, or social. Al Stump, in his stories, told briefly and vividly, has given new meaning to the names of Bob Richards, Sam Snead, Mel Ott, Eddie Arcaro, and the others who became more than just champions.



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